



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



AHRQ Quality Indicators Program Listening Session

**July 18, 2022
3-4 P.M. ET/12-1 P.M. PT**



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



Welcome and Thank You!

**Erin Grace, Acting Director, Center for Quality Improvement Patient Safety
(CQulPS)**

**CDR Karen Chaves, Director, Division of Quality Measurement and Improvement,
Center for Quality Improvement and Patient Safety**

Goals

Listen and learn from
you...

What we learn will be
used to improve the QI
program

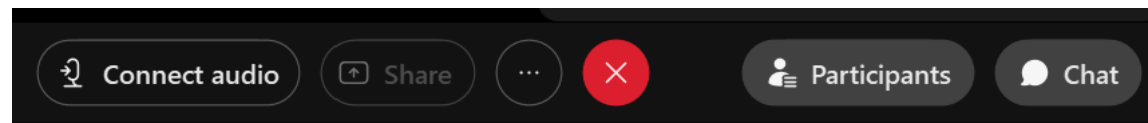


Webinar Audio & Chat

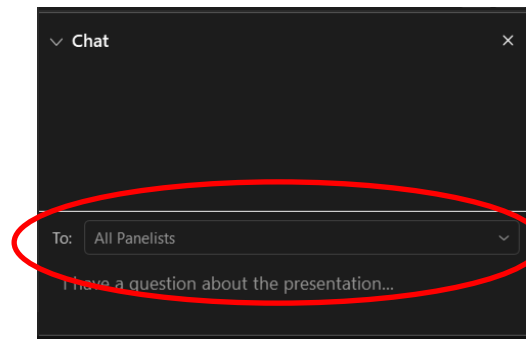
- This call and chat are being **RECORDED**
- All attendee lines are muted
- To speak, please raise your hand and once identified unmute yourself
- Please keep line muted when not speaking and do not place call on “hold”
- We strongly encourage use of the chat to share your thoughts

Chat Function

- We encourage all participants to join the discussions verbally or using the Chat
- Chat submissions will be reposted to the group
 - ▶ To view the Chat, select the “**Chat**” button in the lower right
 - ▶ **To submit a comment:**
 - ▶ Select To: “**All Panelists**”

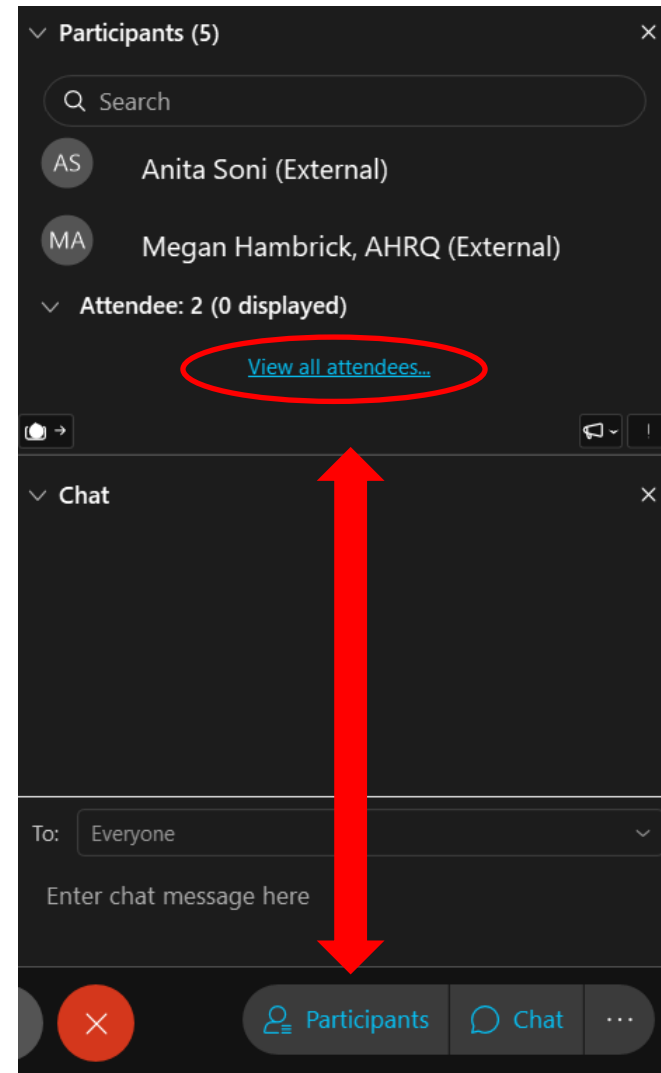


“All Panelists” listed as recipient.



View Panelists and Attendees

- To view the Panelists and Partners participating today, select **“Participants”**
- The **“Participants”** frame will display in the right-hand panel with the Chat
- Select **“View all attendees”** to expand this list



Agenda and Questions We are Running On Today



1. What is the latest and greatest with the Quality Indicators?
2. Question for you: How does your organization use the QIs?
3. What are notable updates in the Quality Indicators program?
4. Question for you: What would improve the QIs value for you?
5. Closing remarks and open discussion

QI Program Overview and Recent Developments

Romsai Tony Boonyasai, MD
Medical Officer, Division of Quality Measurement and Improvement

AHRQ Quality Indicators



- **Public-use, free software** to measure quality of care and adverse events
- Uses **hospital billing codes**
- Generates two types of event rates:
 - ▶ **Hospital QIs**—example: “number of pressure ulcers out of all hospitalized patients”
 - ▶ **Area QIs**—example: “number of ED visits for asthma per 100,000 population”
- Rates are **risk-adjusted** using HCUP SID data
 - ▶ High level of statistical ability to identify “true” events

www.qualityindicators.ahrq.gov/

Four Sets of Quality Indicators (+ a few examples)

Prevention (PQIs)

- **PQI_01**
(admission for short-term complications of diabetes)
- **PQI_02**
(admission for perforated appendix)
- **PQI_05**
(admission for chronic obstructive pulmonary disease)
- And others...

Inpatient (IQIs)

- **IQI_08**
(pancreatic resection mortality)
- **IQI_16**
(heart failure mortality)
- **IQI_20**
(pneumonia mortality)
- **IQI_33**
(primary caesarean delivery)
- And others...

Patient Safety (PSIs)

- **PSI_04**
(death among surgical patients with serious treatable conditions)
- **PSI_12**
(thromboembolic even after surgery)
- **PSI_90**
(composite of ten patient safety indicators)
- And others...

Pediatric (PDIs)

- **PDI_01**
(accidental puncture or laceration)
- **PDI_08**
(post-operative bleeding)
- **PDI_14**
(admission for asthma)
- **PDI_16**
(admission for gastroenteritis)
- And others...

QUESTION #1

How does your organization use Quality Indicators?

Which Indicators? Why? What challenges do you have?

Notable QI updates

Romsai Tony Boonyasai, MD

Medical Officer, Division of Quality Measurement and Improvement

Risk adjustment refinements

- Risk adjustment updated every year
 - ▶ Specification updates in response to ICD-10 coding updates
 - ▶ Risk adjustment with more recent HCUP SID
 - ▶ Refine specifications with new variable selection methods and/or new approaches (e.g., use of POA codes)
- CCSR replaced All-Payer Refined Diagnosis Related Groups (APR-DRGs)
 - ▶ Enhances transparency, potential for novel developments

Work to Address COVID-19 in QIs

- v2021 and v2022 QI software excluded COVID-19 discharges from risk adjustment
 - ▶ Risk-adjusted rates only calculated with non-COVID-19 discharges because the risk adjustment model is based on “pre-Covid” HCUP SID data
 - ▶ Users have the option to include or remove COVID-19 discharges in the calculation of their observed rates
- v2023 QI software will risk-adjust for COVID-19
 - ▶ v2023 will risk adjust for 2020 HCUP SID data, allowing COVID-19 indicators to be used in risk adjustment
 - ▶ COVID-19 will no longer be excluded from risk-adjusted rates in the software

New QI Module: Emergency Department Prevention Quality Indicators



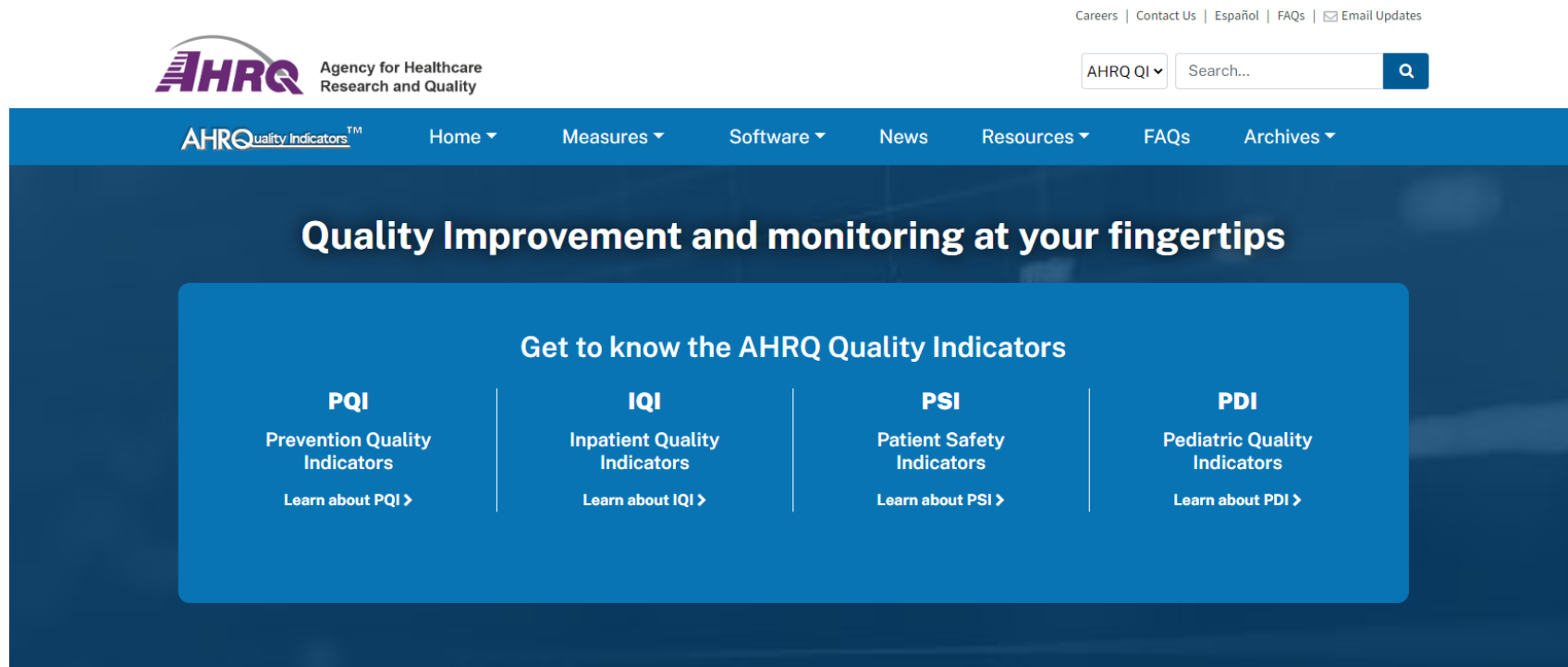
- Assesses “avoidable” general health (GH) ED visits:
 - ▶ ED Visits for Nontraumatic **Dental** Conditions (GH01)
 - ▶ ED Visits for **Chronic** Ambulatory Care-Sensitive Conditions (GH02)
 - ▶ ED Visits for **Acute** Ambulatory Care-Sensitive Conditions (GH03)
 - ▶ ED Visits for **Asthma** (GH04)
 - ▶ ED Visits for **Back Pain** (GH05)
- Uses ED visits as a “window into community health”
 - ▶ 1) Underlying population health
 - ▶ 2) Access to care to manage chronic disease, and
 - ▶ 3) Access to alternative venues of care for non-emergent conditions
- Rates reported as “ED visits per 100,000 population”
- Possible release in FY2024

* Formerly labeled GH_06 earlier in development process

Website and User Experience Updates



- Available in two formats: SAS QI and WinQI
- Documentation and support through AHRQ QI website



QUESTION #2

How/Does does your organization use the Quality Indicators Software?

What do you like about the software? What challenges do you have? What could AHRQ do to improve software access or capabilities?

AHRQ QI Software Resources



- **AHRQ QI technical assistance**
 - ▶ www.qualityindicators.ahrq.gov/FAQs_Support/
 - ▶ QIsupport@ahrq.hhs.gov
- **AHRQ QI v2022 software and documentation**
 - ▶ www.qualityindicators.ahrq.gov/Software/Default.aspx

QUESTION #3

What would increase the QI program's value?

What settings of care? What measures? Other?

Open Comments or Questions

Thank You!